SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION **Revised January 2015**

RECEIVED 2017 JUL 12 PM 12: 36

Page 1 of 17

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COVER PACTOL. CT

1. NAME OF COMMITTEE				
Hahn for	Council	2017		
2. TREASURER NAME				
First TIME	MI M	Last Taylor		Suffix
3. TREASURER ADDRESS				
Street Address	City		State	Zip Code
33. Broad F	Lace	#NiStol	CT	06010
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete onl	ly if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11/17/2017	L	uncil		(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)			
Gregory	$^{\scriptscriptstyle{M}}\mathcal{R}$	Last Hahn		Suffix
8. TYPE OF REPORT (Check One Box)				
O January 10 filing	7th day preceding primary	7th day preceding referendum	Initial Contr	ibution or Disbursement
April 10 filing	30 days following primary		(PACS ONLI) OAmendment	. to
July 10 filing	7th day preceding election	O Deficit	Type of Repo	ort:
October 10 filing	12th day preceding election (State Central Committees Only)	Termination		
O24 Hour Independent Expenditure OPrimary OElection	O45 days following election not held in November			
9. PERIOD COVERED				
	Beginning Date	Ending Date		
	4/1/2017	thru 6/30/3015	}	
10. CERTIFICATION				
romania (m. 1944). 1945 (m. 1944). 1945 (m. 1944). 1945 (m. 1944). 1945 (m. 1944). 1946 (m. 19				
I hereby certify and state, under p Disclosure Statement for the pe	enalties of false statement, that riod covered is true, accurate	all of the information set forth on this and complete.	s Itemized Cam	paign Finance
TREASURER OR DEPUTY TREASURE	R (SIGNATURE) PRI	TO M. Taylor NT NAME OF SIGNER	<u> </u>	LIOLODIZ DATE mm/dd/yyyy)
7		. · · · · · · · · · · · · · · · · · · ·		(000)))))

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

SUMINIARY FAGE IC		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) HOWN FOX COLUMN (A) 2017	TYPE OF REPORT	Ludia
Hann for Council 2017		ling
	COLUMN A This Period	COLUMN B
11. Balance on hand January 1 of current year for ongoing and party committees OR	This renou	Aggregate
Balance on hand from day committee was formed for all other committees		l Ø
12. Balance on hand at the beginning of Reporting Period	Ø	
13. Contributions Received from Individuals (Sections A and B)	1,51000	1,51000
14. Receipts from Other Committees (Sections C1 and C2)	· Ø	. Ø
15. Other Monetary Receipts (Sections D through K)	Ø	Ø
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	Ø	Ø
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	Ø	Ø
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1,51000	1.510°
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	151000	151000
19. Expenses Paid by Committee (Section P)	241,34	241.34
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1,268.66	1,268,66
21. In-Kind Donations not Considered Contributions Received (Section L4)	Ø	8
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	Ø	8
23. In-Kind Contributions Received (Section M)	Ø	Ø
24. Refundable Deposit to Telephone Company (Section N)	Ø	Ø
25. Loan Balance	Ø	
25a. + Loans Received (Section D)	Ø	Ø
25b. + Interest and Penalties on Loan	Ø	Ø
25c Payments on Loan	Ø	Ø
25d. Total Outstanding Loan Amount	Ø	
26. Campaign Expenses Paid by Candidate (Section Q)	0	Ø
27. Expenses Incurred on Committee Credit Card (Section R)	Ø	Ø
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	100.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	100,00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Hahn for Council 201.	July 10	+ Filing	
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) S			
	tributions from Indivi	duals	
Last Name KING	First Anne		MI
Residential Street Address 165 Prohimmed Trail	City Pristry	S	tate Zip Code
Principal Occupation	Name of Epsployer		-1 100010
Is contributor a lobby ist, spouse, Yes If contribution is in excess of \$400 to	a candidate for a chief everytive	e officer of a municipality.	
or dependent child of a lobbyist? does contributor or business he/she is valued at more than \$5,000?	s associated with have a contract Yes No	with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L12. If yes, list Event # 658074		contractor? Yes No Clegislative	100,00
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money C	Order Color Date Received Drder	Aggregate Contributions	٠.
Last Name W150N	Chr 1stop	her	MI
Residential Street Address 1 Perkins S+ Principal Occupation	"Bristol	Si	ate Zip Code T OGO 1
Insurance Agent	Name of Employer C. V. Waso	n+Co In	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executive	officer of a municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 6383017A Is contributor a principal of a star of government the contract of government the contract		No No	100,00
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money C	Date Received	Aggregate Contributions / DD . O O	
Last Name Fortier	First Mary	·	MI B
163 GoodwinSt	Bristol	St	ate Zip Code
Principal Occupation AHOTNEY	Name of Employer St. of CT	Judicial	Branch
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executive associated with have a contract v Yes No	officer of a municipality, vith said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which branc of government the contract is	h or branches	No	100,00
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money O	Date Received	Aggregate Contributions	
SUBTO	TAL Section B — This J	age 300	0.00
TOTAL	of additional Section B Pa	iges 4 ()0	. (27)
TOTAL OF ALL CONTRIBUTIONS FROM]	NDIVIDUALS (Sections A	+B) 1510.	00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT	Γ
Hahn for Council 2017 July	10 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$)
B. Itemized Contributions from Individuals	
Last Name First Chylstacher	МІД
Residential Street Address City	State Zip Code
35 Buth Street Unit 49 Bristol	CT 06010
St. Francis Hospital Patient Regis	transtfrancis
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipal does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	pality, Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ©Executive OLegislative	
Method of Contribution: Date Received , Aggregate Contribution	ns
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6/28/2017 / OO	. •
Kozi Kowski David	MI L
Residential Street Address 50 Ander Son Ave City Bristol	State Zip Code
Principal Occupation Name of Employer	CT 06010
Inside Sales Global EDM Sup	pplies
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municip does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	Amount of Contribution
	Yes No
Method of Contribution: Date Received Aggregate Contribution	s
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 6/28/2017 1004	
Last Name Krell First Paul	Jr M
Residential Street Address 86 VINE Road City Briston	State Zip Code O6017
Principal Occupation RETITED Name of Employer RETITED	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Vege If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipal does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	Amount of Contribution
Is this contribution associated with an event reported in Section L12 No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches	
Method of Contribution: Date Received Aggregate Contributions	3
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6/25/2017 100, OC)
SUBTOTAL Section B — This Page	300.00
TOTAL of additional Section B Pages	100,00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	10,00

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)		TYPE OF REPORT	
Hahn for (Council 201	}	7.1.1	filing
A. Total Contributions from S		ed this Period ONLV	200	10119
(See instructions for definition of Small		SUBTOTAL SECTION A	&]Q,OC)
	B. Itemized Co	ntributions from Indivi	duals	
Last Name		First Ton		MI
Residential Street Address		0011		
88 Wildewood	d Run	Bristol	S	Zip Code
Controller			1 Hospita	-
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 628017A	Yes Is contributor a principal of a No If yes, indicate which brai of government the contract		e contractor? Yes OLegislative	100,00
Method of Contribution:		Date Received	Aggregate Contributions	
Cash Personal Check Credit/Debit Ca	ard OPayroll Deduction OMoney	Order 6/28/30/7	[00,00]	
		LIIST		MI
Residential Street Address		City	Sta	ate Zip Code
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract O Yes No	e officer of a municipality, with said municipality	Amount of Contribution
	Is contributor a principal of a If yes, indicate which bra of government the contract		e contractor? Yes No Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney			
Last Name		First		MI
Residential Street Address		City	Sta	tte Zip Code
Principal Occupation		Name of Employer	**************************************	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract of Yes No	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a s If yes, indicate which brar of government the contrac		O No	
Method of Contribution:		Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Ca	rd OPayroll Deduction OMoney	Order		
	SUBT	OTAL Section B — This	Page //	00
	TOTAL	of additional Section B P	ages 600.	00
			IT IN	
			Γ	. ()()

NAME OF COMMIT	TTEE (Provide Complete N	Name as Registered wi	th Filing Reposit	ory)		TYPE OF REPORT	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	occounc			_	July 1	DRING
Name of Committee	1257	C1. Co	ontribution (ns from O	ther Comn		
Name of Communico					Name of Treas	urer	
Address							
Address				Is this contri	ibution associate ed in Section L1	ed with an Yes No	Amount of Contribution
					If yes, l	ist Event #	
City		State	Zip Code	Date Rece	ived	Aggregate Contributions	
Name of Committee			<u></u>		Name of Treas	urer	
Address				Is this contr	Libution associate	ed with an Yes No	Amount of Contribution
				event reporte	ed in Section L1	1? ist Event #	
City		State	Zip Code	Date Recei		Aggregate Contributions	
Name of Committee					Name of Treas	iror	
					I tame of 11000	mer	
Address							
Address				Is this contri	ibution associate ed in Section L1	ed with an O Yes O No	Amount of Contribution
					<i>If yes</i> , li	ist Event #	
City		State	Zip Code	Date Recei	ived	Aggregate Contributions	
	C2. Rei	imbursements	or Surph	as Distribi	itions from	other Committees	
Name of Committee					Name of Treas		
Address				City			State Zip Code
Date Received	Expenditure #	Payment Type					Amount of Receipt
Į.	(if applicable)	Reimbursemen	nt for shared ex	cpense OS	urplus Distribut	ion	Alhount of Accespt
Description					•		
<u>-</u>							
Name of Committee				<u></u>	Name of Treasu	urer	
Address				City	<u> </u>		State Zip Code
Date Received	Expenditure #	Payment Type					
Date Accounts	(if applicable)	Reimbursem	ent for shared	expense	Surplus Distrib	uition	Amount of Receipt
Description	<u> </u>		VIII 10. D		Dulpius 2	unon	_
Description		•					
			SUBTO	ΓAL Sectio	n C — This	Page	
34 887 1 11			TOTALO	f additions	l Section C I	Dogge	
	TOTAL OF A	TT COMMET					
		LL COMMITT C1 + C2) (Enter tot					
							,

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repository)		TYPE O	FREPORT	
Hanntor Louncil a	10lt			1410=	Alng
). Loans Recei	ived this Period	16 64 64	V	
Name of Lender		Source of Loan: Bank Candi	idate 🔘 Individu	al Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	. 		L	1	Amount Received
Street Address	City		State	Zip Code	-
			State	Zip Code	
Name of Lender		Source of Loan: Bank Candi	date 🔘 Individua		Date of Receipt
Street Address	City		State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)	<u></u>				Yes No Amount Received
					11110 1111 1110 110 11
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: OBank Candid	date O Individua		Date of Receipt
Street Address	City		State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)	<u> </u>				Yes No
Amino of Company, Cummor (y upperson)				,	Amount Received
Street Address	City		State	Zip Code	
		TOTAL SECTION	ON D		
E. Receipts from Entities other tha	n Individuals	or Other Comm	ittors (D. C.	1 0 1	AWW.
Name of Entity	in individuals	of Other Comm	ittees (Rejeren	taum Committe	S ONLI)
Street Address			Date Received		Amount Received
-					
City	State	Zip Code	Aggregate Contrib	outions	
Name of Entity	<u> </u>				
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contrib	outions	
Name of Entity	<u> </u>		L		
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contrib	utions	
		TOTAL SECTIO	ON E		X

NAME OF COMMITTE	E (Provide Complete Name as Regis	tered with Filing I	Repository)		ТҮРЕ	OF REPORT	
Hann	1 tor (bund)	<u> 400 H</u>				uly 10 tiling	
	. Amount Transferred	l from Affil	iated Busine	ss Treasury (Bu	siness Enti	ty Committees ONLY)	
Date of Receipt	Is this transaction associated event reported in Section		Yes If ye	s, list Event #		Amount	
Date of Receipt		Is this transaction associated with an event reported in Section L1?				Amount	
Date of Receipt	Is this transaction assoc event reported in Section		Yes If ye,	s, list Event #		Amount	
Date of Receipt	Is this transaction assoc event reported in Section		Yes If yes	s, list Event #	-	Amount	
				TOTAL SECTION	ON F		
				•			
G. Amount Tr	ansferred from Affilia	ted Labor	Union or Oth	ner Organizatio	n Treasu	ry (Organization Committees ONLY)	
Date of Receipt		Date of Receipt			Date of R		
A	Amount				Amount		
			T	OTAL SECTION	v G		
6	H. Personal Funds of	the Candid	late Received	this Period (C	andidate Co	ommittees ONLY)	
Date of Receipt	Method of payment:					Amount	
	○ Cash	P	ersonal Check	Credit/Deb	it Card		
Date of Receipt	Method of payment: Cash	O Po	ersonal Check	Credit/Deb	t Card	Amount	
Date of Receipt	Method of payment:			·		Amount	
	Cash	O Pe	ersonal Check	Credit/Debi	t Card		
Date of Receipt	Method of payment:					Amount	
	Cash	O Pe	ersonal Check	Credit/Debi	t Card		
				TOTAL SECT	ION H	Ø	
		I. And	onymous Cor	itributions	1. 16		

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repository)	TYF	E QF R	EPORT	
Hann for Council			1	11410	TIMP
	om Deposits in Authorized Accou				
Name of Institution		Date	Receive	d	Amount
Street Address	City	State	Z	Cip Code	
N. CY de d					
Name of Institution		Date	Received	đ	Amount
Street Address	City	State	Z	ip Code	
	TOTAL SECTION				
K. Miscellaneous Mo	netary Receipts not Considered Co	ontri			
Name			Date of	Transaction	Amount Received
Street Address	City	Sta	te	Zip Code	
Description	·			<u> </u>	
Name					
Name			Date of	Transaction	Amount Received
Street Address	City	Stat	te	Zip Code	
Description					
Mari					
Name			Date of	Transaction	Amount Received
Street Address	City	Stat	e	Zip Code	
Description				L	_
Name					
Name			Date of	Transaction	Amount Received
Street Address	City	Stat	e	Zip Code	
Description					
					·
	TOTAL SECTION K				
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D	throu	gh K)	
Total Loans Received this Period (Section D)					
Total Receipts from Entities other than Individuals or Oth	er Committees (Section E)	+			
Total Amount Transferred from Affiliated Business Treasu	ury (Section F)	+			
Total Amount Transferred from Affiliated Labor Union or	Other Organization Treasury (Section G) +			
Total Amount of Personal Funds of the Candidate Received	d this Period (Section H)	+			
Total Amount of Interest from Deposits in Authorized Acc	ounts (Section J)	+			
Total Miscellaneous Monetary Receipts not Considered Co	ontributions (Section K)	+			
(Add Sections D through I	Total of Other Monetary (Enter total on Line 15, Column A of Summary	Rece Page T	ipts Totals)		Ø

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	TYPE OF 1	REPORT
HUMMA COUNCII ODIT	JU	410 Fling
Event # Description .	ent Information	
Date of Event Letter Hahn For Gunci	1 Meet+Greet 2017	
245 Main St	Bristol	State Zip Code Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Do Associated with a House Party and purchases made by host(s) for food, No	d complete required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (<i>If yes</i> , go to Section L4 In-Kind De and complete required information.) No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (<i>If yes</i> , enter Total Receipts here.) No	→ \$
Subpart 2: (Party Committees, Municipal Candidates and Political Committees of advertising space in a program book or on a sign associated with this fundraiser?	mmittees other than Exploratory Committees OYes (If yes, go to Section L3 Purchases or on a Sign and complete require No	of Advertising Space in a Program Book
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	Yes (If yes, enter Total Receipts here.) No	 → \$
Event # Description		
Date of Event Letter Description		Was this a fundraising event? Yes No
Location: Street Address	City	State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Do Associated with a House Party and purchases made by host(s) for food, b No	complete required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (<i>If yes</i> , go to Section L4 In-Kind Do and complete required information.) No	onations not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (<i>If yes</i> , enter Total Receipts here.) No	→ \$
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		f Advertising Space in a Program Book
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	Yes (If yes, enter Total Receipts here.) No	\$
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts 1	rom Sale of Donated Items — This Page	$\overline{\alpha}$
SUBTOTAL Sec Total Rec	tion L1—Subpart 3 (Town Committees ONLY) eipts from Food Purchases — This Page	Ø
	TOTAL of additional Section L1 Pages	Ø
	EIPTS FROM SMALL PURCHASES n Line 16a, Column A of Summary Page Totals)	Ø

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMIT	6 7 6	ne as Registered with Filing Repo	sitory)		TYPE OF REPORT	Γ	
Hanni	Ex Couna				July	10 Film	<u> </u>
	L3. P	urchases of Adverti	sing in a Prog	gram Book or	on a Sign		7
Name of Purchaser			i		P	Purchase Made By:	
						Business Entity	Other
						Individual/Sole	Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purcha	ses for All Events	Amount of Pr	ogram Ad Purchase	Amount of	Sign Purchase
					9		~.g., 1 u. v
Y CD 1							
Name of Purchaser						urchase Made By:	
					1.3	Business Entity	
Street Address	<u> </u>		Lav			Individual/Sole	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchas	ses for All Events	Amount of Pro	ogram Ad Purchase	Amount of S	Sign Purchase
Name of Purchaser						<u> </u>	
Traine of Furchaser					1 -	urchase Made By:	O 04
						Business Entity Individual/Sole	_
Street Address			City			State State	Zip Code
			City			State	Zip Code
Date Received	Event #	Aggregate Purchas	ses for All Events	Amount of Pro	ogram Ad Purchase	Amount of S	Sign Purchase
		· ·					
Name of Purchaser	·				Pı	urchase Made By:	
					- 1	Business Entity	Other
					-	Individual/Sole	_
Street Address			City			State	Zip Code
						Ī	
Date Received	Event #		C All E	1			L
Date Received	Event #	Aggregate Purchas	es for All Events	Amount of Pro	ogram Ad Purchase	Amount of S	Sign Purchase
Name of Purchaser					Pu	ırchase Made By:	
					lo	Business Entity	Other
						Individual/Sole	Proprietorship
Street Address			City			State	Zip Code
			-				
Date Received	Event #	Aggregate Purchas	es for All Events	Amount of Pro	gram Ad Purchase	Amount of S	ian Durchasa
B		30 0		Timount VI I I	gram Au Turchase	Amount of S	ign r urchase
	SUBTOTAL Sec	tion L3 Total Purchases o	of Advertising in	Program Book -	This Page		
					This Tage		
	SUBTO	TAL Section L3 Total Pu	rchases of Adver	rtising on a Sign –	— This Page		
			TOTAL o	f additional Section	on L3 Pages		
TO	TAL OF ALL PURC	HASES OF ADVERTISE	NG IN A PROG	RAM BOOK or 4	ON A SIGN		$\overline{\mathbf{v}}$
				nn A of Summary 1		(<i>[</i>
				-		<u>~</u>	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	EE (Provide Complete Name as 1	Registered with Filing Reposi	itory)	TYPE OF RE	PORT	
l <i>H</i>	lahn fàr Ca	uncll ab	17	(1)1	1410 Fyn	Ç
	L4.	In-Kind Donation	s Not Cons	idered Contributions		
Name of Donor						
Street Address			City		State	Zip Code
Donation Given By:	Description of Donation				Fair Market	Value of Donation
Business Entity						
O Individual	Date Received	Event #		Aggregate Value for this Event		
Sole Proprietorship						
Name of Donor				<u> </u>		
Street Address			City		State	Zip Code
Donation Given By:	Description of Donation				Fair Market	Value of Donation
Business Entity					1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	value of Donation
O Individual	Date Received	Event #		Aggregate Value for this Event		
Sole Proprietorship						
Name of Donor						
Street Address			City		State	Zip Code
				•		
Donation Given By:	Description of Donation				Fair Market V	Value of Donation
Business Entity						
Olndividual	Date Received	Event #		Aggregate Value for this Event		
Sole Proprietorship						
Name of Donor						
Street Address			City		State	Zip Code
Donation Given By:	Description of Donation				Fair Market V	alue of Donation
Business Entity						
Individual	Date Received	Event #		Aggregate value for this Event		
Sole Proprietorship	. •					
医直肠管连直管		SUI	RTOTAL Secti	on L4 — This Page		
		561	JIOTAL Stell	on 124 — This Tage		
		тот	AL of addition	nal Section L4 Pages		
TOT	FAL OF ALL IN-KIND I				\mathcal{T}	
	(E	Enter total on Line 21,	Column A of Su	immary Page Totals)	\mathcal{L}	
		•				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE #	rovide Complete Name as Registered with Filing Re	epository)		54 8 6 6	TYPE OF RI	EPORT	
Hahr	ito Council 2017				Jula	10 5	line
L5.	In-Kind Donations Not Consid	lered Contri	butions Associa	ated with a I	Touse Par	ty	1
Name of Host				Is this event sommittee?	supporting m	ore than o	one candidate or
Street Address		City			_	State	Zip Code
Description of Donation					Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate V	alue of all Events—this h	host/candidate			
Name of Host				committee?	supporting m Yes ON mplete Itemiz	o	ne candidate or
Street Address		City		,		State	Zip Code
Description of Donation		L			Fair Mai	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Va	alue of all Events—this h	ost/candidate			
Name of Host				committee?	upporting me Yes ON mplete Itemize	0	ne candidate or
Street Address		City		1	•	State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Va	lue of all Events—this he	ost/candidate			
Name of Host		•		committee?	upporting mo Yes ONo nplete Itemiza)	ne candidate or
Street Address		City		1		State	Zip Code
Description of Donation				·	Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Va	lue of all Events—this ho	ost/candidate			
		SUBTOTA	L Section L5 —	This Page			
		TOTAL of ad	lditional Section	L5 Pages			
TOTAL OF ASSOCIATED WITH A	F ALL IN-KIND DONATIONS NO A HOUSE PARTY (Enter total on		ERED CONTRII nn A of Summary I			X .	

NAME OF COMMITTEE (Provide Complete	Name as Regi	istered with	Filing Reposito	ory)	3 =		ТУРЕ	OF REPORT			
Habn for co	ina	121	017					Tul 1	$\overline{\cap}$	1	no
			M. In-k	Kind Con	tributi	ons	11	min.		7 (1)	1
Name											
Street Address					Ic:-					<u> </u>	17: 0 1
					City				į	State	Zip Code
Type of contributor:	Date Receive	ed	Aggregate Co	ntributions	Desci	ription of In-Kir	nd Contributi	on			
OIndividual / Sole Proprietorship Oother											
Is contributor a lobbyist, spouse, Yes	If contribu	ution is in	excess of \$40 business he/sh	0 to a candid	late for a c	hief executive	e officer of	a municipality,			
or dependent child of a lobbyist? O No	valued at	more than	\$5,000?	ic is associat	O Ye		with said if				Aarket Value Contribution
Is this contribution associated with an event reported in Section L1?	Yes No	Is contribu If ves.	itor a principa indicate whic	l of a state co	ontractor o	or prospective	state contra	ector?	es		
If yes, list Event #			rnment the co			Executive	Legis	lative			
Name											
Street Address					City					State	Tin Code
			-		City					State	Zip Code
Type of contributor: OCommittee	Date Receive	ed	Aggregate Cor	ntributions	Descr	iption of In-Kin	d Contributio	n	L		
Individual / Sole Proprietorship Oother										•	
Is contributor a lobbyist, spouse, Yes	If contrib	oution is in	excess of \$40 business he/s	00 to a candi	date for a	chief executiv	e officer of	a municipality,	T		Market Value
or dependent child of a lobbyist? No	valued at	more than	1 \$5,000?		O Ye	es 🔘 No				oi this	Contribution
Is this contribution associated with an event reported in Section L1?	Yes Is	<i>If yes</i> , i	tor a principal indicate whicl	h branch or	branches	r prospective s	state contra	ctor? SYe			
If yes, list Event #		of gover	nment the co	ntract is with	i: (Executive	O Legisl	ative			
Traine											
Street Address					City				S	tate	Zip Code
Type of contributor: OCommittee	Date Received	d	Aggregate Con	tributions	Descri	ption of In-Kind	d Contributio	n			
OIndividual / Sole Proprietorship Oother	If contrib	ution is in	2772222 of \$40	00 44 4 1:	1-4- C	1::0::	CC C				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cont	ributor or	business he/sl	ne is associat	ed with ha	ive a contract	with said m	a municipality, unicipality			Iarket Value Contribution
Is this contribution associated with an		more than	or a principal	of a state co	Yentractor or		tate contrac	tor?			
event reported listed in Section L1? If yes, list Event #	8 No	If yes, in	ndicate which	i branch or l	oranches	Executive		O No			
		or go (ex		3 2 2 2 3							
			SUI	SIUIALS	section IV	I — This Pa	ige				
	1233					ction M Pag					
TOTAL OF ALL IN-KIND CONT	FRIBUTI	ONS (Er	nter total on L	ine 23, Colun	nn A of Su	mmary Page T	otals)				
	N. 1	Refund	able Dep	osit to Te	lephon	e Compa	ny				
Last Name of Individual				First		-	_	MI	Date	Deposit	Made
Residential Street Address	-		City				State	Zip Code		A	mount of
											Deposit
Name of Telephone Company							<u></u>	<u></u>			
Street Address			City				State	Zip Code			
TOTAL SE	CTION N	(Enter to	otal on Line 2	4, Column A	l of Summ	ary Page Tot	als)			0	ĺ

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
1	any 40 conviton+		Lould	Other
Name of Payee	P. Expenses	Paid by Committee	Date of Payment)	Tatal 1 cp
Price	e Chopper		10 D8 2017	Method of Payment: Check #
Street Address		City		Debit Card DEFT State Zip Code
Purpose of Expenditure	irmington Ave	R12401		CT 06010
(by code)	beverages/cut/en/Dat	erocods 6	282017A	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unla			45.34
	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	2	OA OB OC OD	
Name of Payee	110	Organization	Date of Payment	Method of Payment:
New Street Address	york Deli	City	16/28/2017	Check # Debit Card OEFT
Bris	to 1, 257 Main St#259	Bristol		State Zip Code OGO T
Purpose of Expenditure (by code)	1CE for fundraises	Even 6	282017A	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unle	ss "None of the below" is check	xed)	6.00
	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribu	Independent Organization	DA OB OC OD	, , ,
Name of Payee	Dina		Date of Payment	Method of Payment: Check #
Street Address) 1122A	City	(C) PO OUT	Debit Card DEFT State Zip Code
101 1	happe ST	BU2101		CT 16010
Purpose of Expenditure (by code) FNDR	Food for Fundraiser	Event	1,289017A	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unla None of the below	ess "None of the below" is check	ked)	190,00
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib		DA O B O C O D	•
Name of Payee		Organization	Date of Payment	Method of Payment: Check #
Street Address		7.		O Debit Card O EFT
		City		State Zip Code
Purpose of Expenditure (by code)	Description	Event	1.#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unles	ss "None of the below" is check	ed)	•
,	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribu	Independent		
		BTOTAL Section P — This	Page OU	1.24
		AL of additional Section P I	911	101
				7,1
	TOTAL OF ALL EXPENS	SES PAID BY COMMIT 9, Column A of Summary Page		34

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor).	9)	TYPE OF REPORT		
	Hann for Councido 17		- LUMMO	Flir	19
N. CY	R. Expenses Incurre	ed on Committee C	redit Card		F. FEE
Name of Issuing Inst	titution	Type of Credit Card:			_
		Visa Master	r Card Discover Ameri	can Expres	ss Other:
Name of Vendor, Person	or Entity			Date of	Transaction
Street Address		City		State	Zip Code
,					
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement)	liture) 🚺 Inde	pendent nization A B OC OI		
Name of Vendor, Person	or Entity			Date of 7	Fransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	iture) 🔘 Inde	•		
Name of Vendor, Person	or Entity			Date of T	ransaction
Street Address	,	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind continued)	iture)	,		
	SU	JBTOTAL Section R—	This Page	Ø	
	ТОТ	AL of additional Sectio	n R Pages		
ТО	TAL OF ALL EXPENSES INCURRED ON ((Enter total on Line	COMMITTEE CREI 27, Column A of Summary		7	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with	Filing Repository)	TYPE OF REPORT	
Ha	in the Obunct o	7017	<u> </u>	OFILMS
		npaign Expenses Paid by	Candidate	Transfer of the second
Name of Payee (Name of V	Vendor, Person or Entity who candidate paid directly	<i>y</i>)	Date of Payment	Is reimbursement claimed?
				Yes No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				
Name of Payee (Name of V	$oxed{oxed}$ endor, Person or Entity who candidate paid directly	(h)	Date of Payment	v :1
, , _		,,	Date of Laymon	Is reimbursement claimed?
Street Address		Lov		Yes No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
	1			
Name of Payee (Name of V	1 Vendor, Person or Entity who candidate paid directly	y)	Date of Payment	Is reimbursement claimed?
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				State Zip Code
- CT	T		<u> </u>	
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly	<i>י</i>)	Date of Payment	Is reimbursement claimed?
				Yes No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event#	Amount
(by code)			Dien.	Almount
(NI				
Name of Payee (Name of vo	endor, Person or Entity who candidate paid directly)	Date of Payment	Is reimbursement claimed?
	· · · · · · · · · · · · · · · · · · ·			Yes No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event#	Amount
(by code)				
Name of Payee (Name of V	 endor, Person or Entity who candidate paid directly	v)	Date of Payment	Is reimbursement claimed?
	· · · · · · · · · · · · · · · · · · ·	,		
Street Address		I cie.		Yes No
Succi Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
		CUDTOTAL Codi		≈
		SUBTOTAL Section	in Q — This Page	\varnothing
		TOTAL of additional	Section O Pages	
		I O I ALI UI additional	Section Q Pages	
	TOTAL OF	ALL EXPENSES PAID BY	Y CANDIDATE	Ø
	(Ent	ter total on Line 26, Column A of Su	immary Page Totals)	X/

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Rep	pository)	TYPE OF REI	PORT ,
Hav	100 mond 2015	<u> </u>	Juli	110 Filing
	S. Expenses Incurred by	Committee but	Not Paid During this Peri	da
Name of Creditor Bence	oit Photograph C	1		(6)14/2017
Street Address	oler Road	City Br	ista	State Zip Code OOD 10
Purpose of Expenditure (by code)	Description	act	Event#	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Red None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in-	expenditure)	Independent	(CO)
Name of Creditor				Date Incurred
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	· · · · · · · · · · · · · · · · · · ·	Event#	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Req. None of the below Coordinated with reimbursement sought (joint of Coordinated without reimbursement sought (in-	expenditure)	Independent Organization: A B	С О В
Name of Creditor				Date Incurred
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Req. None of the below Coordinated with reimbursement sought (joint e	expenditure)	f the below" is checked) Independent Organization: OA OB	C OD
		SUBTOTA	AL Section S-This Page	100,00
		TOTAL of add	litional Section S Pages	
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE I (Enter total		RIOD BUT NOT PAID A of Summary Page Totals)	100,00
	Previously reported	l Expenses Unpaid	and still Outstanding	
	TOTAL OF ALL EXPENSES INCUR (Enter total of		TTEE BUT NOT PAID A of Summary Page Totals)	100,00
		-		

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposi	tory)		3 3 2		Ιτν	PE OF R	EDORT.			
Hanr	HOCQUINI 2017					1.	10 11	11 117	Bliv	<u> </u>	
	T. Itemization of Rein	abu	rsements	and Sec	cond	lary Pa	vees	ω	10111		
Last Name of Worker/Cons			irst			J	7	МІ		Payment to Ve	endor,
									Person	or Entity	
Name of Vendor, Person or	r Entity Paid by Committee Worker/Consultant						Payment	to Reimburse	Committee	Worker/Consu	ltant as
								in Section P:		ebit Card (
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	-	City				O.I.	7CK #	State	Zip Code) Er i
			-								
Purpose of Expenditure	Description		<u> </u>			Event #				Amount	
(by code)										I MARAU VARAV	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requ	ired	unless "None	of the belo	w" is	checked)			-		
(i) approximation	None of the below					Ź					
	Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kir	endi	ture)	O Ind	lepen	dent O	0 (0 0			
Last Name of Worker/Cons		_	rst	U I UI E	ganız	ation: O A	ов (СОР	L.,	Payment to Ver	don
2400 2 11000 02 11 02 1100		111	ist					MI	Person o		igor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant						I	P !!	2 24	''0 1	
	Party Law by Committee Trongs Constitution						reported is	n Section P:		Worker/Consul	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City				Che	ck #		bit Card)EFT
	Country and by Committee Trongs. Committee		Спу						State	Zip Code	
Purpose of Expenditure (by code)	Description	-	L		I	Event#				Amount	
(6) (53.5)	·							. 1			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requi	red i	unless "None	of the belo	w" is	checked)					
,	None of the below Coordinated with reimbursement sought (joint exp	- 414	`	A. .	-		_				
	Coordinated with reimbursement sought (joint exp	enan d con	ure) itribution)		depen zaniza	dent O	O R C	$\mathbf{O}_{\mathbf{C}} \circ \mathbf{D}$			
Last Name of Worker/Cons	L sultant	Fi	rst					мі		Payment to Ven	ıdor,
									Person or		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant						Payment t	o Reimburse	Committee V	Worker/Consult	tant as
							reported in	n Section P:		bit Card	
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant		City				CHE	JR 11	State	Zip Code) 151° 1
Purpose of Expenditure	Description				E	Event#				Amount	
(by code)										zimount	
Expenditure #	Type of Expenditure (Itemization in Addendum T Requi	red i	ınless "None i	of the helov	w" is	chackad)					
(if applicable)	None of the below					•					
	Coordinated with reimbursement sought (joint experiment) Coordinated without reimbursement sought (in-king	enditu	ire)	O Inde	epend	lent O	0 0				
	S coordinated without remindusement sought (iii-kiik	1 COII	indution)	Orga	aniza	tion: o A	о в о	$C \circ D$			
		S	SUBTOTAL	Section 7	Γ—	This Pag	е			9	
	and the second s	TO	OTAL of add	litional S	ectio	n T Page	98				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WO	RKERS A	ND CON	NSU	LTANT	S			<u> </u>	